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Bib Data Sheet

CONFIRMATION NO. 4086

SERIAL NUMBER 09/800,556	FILING DATE 03/05/2001 RULE	CLASS 705	GROUP ART UNIT 2611	ATTORNEY DOCKET NO.	
APPLICANTS Radik Ismagilov, Anchorage, AK;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY AK	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged _____ Examiner's Signature Initials					
ADDRESS Radik Ismagilov 4200 Artesia Blvd. #43 Torrance ,CA 90504					
TITLE Order-delivery service system via interactive systems					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 4086

SERIAL NUMBER 09/800,556	FILING DATE 03/05/2001 RULE	CLASS 705	GROUP ART UNIT 2163	ATTORNEY DOCKET NO.
APPLICANTS Radik Ismagilov, Anchorage, AK; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/10/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY AK	SHEETS DRAWING 2	TOTAL CLAIMS 1
INDEPENDENT CLAIMS 1				
ADDRESS Radik Ismagilov P.O. Box 231511 Anchorage ,AK 99523				
TITLE Order-delivery service system via interactive systems				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	